CONTINUE ON REVERSE

EPA Form 8700-12 (6-80)

3	NOTIFICATION OF HAZARDOUS WASTE ACTIVITY						INSTRUCTIONS: If you received a preprinted				
1 7	INSTALLA- TION'S EPA LD. NO. REGION II						label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is				
I. S	NAME OF IN-		SEP 17 1	2 oo PH '84		complete a	nd correct, lea	ve Items I	, II, and III		
II. N	NSTALLA- TION MAILING ADDRESS	PLEA	SE PLACE LABEI		CE	label, comp single site treated, sto	elete all items. where hazardo ared and/or di ncipal place of	"Installations waste sposed of,	on" means a is generated, or a trans-		
III. C	OCATION OF INSTAL- LATION					CATION I	TRUCTIONS In perfore complete requested here to the requested here to the resect of th	eting this rein is req	form. The uired by law		
FOR OFFICIAL USE ONLY COMMENTS											
			CC	DMMENTS							
C 15 16				IDATE RECEIVE				55			
INSTALLATION'S EPA I.D. NUMBER APPROVED (yr., mo., & day) FM 12 14 15 16 17 - 22											
I. NAME OF INSTALLATION											
Cu	CWR MEG. CO., DIN. A. J. MURPHY CO., ITOC.										
THE RESIDENCE OF THE PERSON NAMED IN	NSTALLATIO	ON MAILING AD				TO STATE			THE		
STREET OR P.O. BOX											
3 15	OX Z	667				45					
CITY OR TOWN ST. ZIP CODE											
4 1	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	458			10 41 42 47	3 3 0					
III. I	II. LOCATION OF INSTALLATION STREET OR ROUTE NUMBER										
5 /											
=	CITY OR TOWN ST. ZIP CODE										
15 16	437	SPEACH	38		40 41 42 47	057		- 2	767		
IV.	IV. INSTALLATION CONTACT NAME AND TITLE (last, first, & job title) PHONE NO. (grea code & no.)										
25	11/4	18415	PKANTS	assa Sign	cross	313	1437	103			
15 16 V. O	WNERSHIP	, KLOPOT P		A A A A A A A A A A A A A A A A A A A		45 46 - 4	1 49 - 51	52 -	55		
<			A. NAME OF INSTA	LLATION'S LEGAL	OWNER						
8 A	J. M	ulephy	CO. INC		i i i i i i i i i i i i i i i i i i i	ms (1) so (2	11 1/1 1/2	in then			
15 16 0 (ente	B. TYPE OF er the appropri	OWNERSHIP ate letter into box)	VI. TYPE OF HAZA	RDOUS WASTE	ACTIVITY (e.	nter "X" in	the appropri	iate box(e	es))>		
F	= FEDERAL		A. GENER	ATION	□ B.	TRANSPOR	FATION (comp	olete item	VIÌ)		
M	= NON-FEI	DERAL M	C. TREAT	/STORE/DISPOSE	□ D.	UNDERGRO	UND INJECT	ION			
VII.			ON (transporters only						STREET,		
	A. AIR	B. RAIL	C. HIGHWAY	D. WATER	E. OTHE	₹ (specify):	MANAGEMENT DE				
Mark	"X" in the app	SUBSEQUENT No propriete box to indirect notification, ente	OTIFICATION cate whether this is your ryour Installation's EPA	installation's first no I.D. Number in the s	tification of haz space provided b	ardous waste elow.	activity or a s	ubsequent	notification.		
	A. FIRST	NOTIFICATION	B. SUBSEQU	ENT NOTIFICATION	N (complete iter	n C)	C. INSTALLA	TION'S EI	PA I.D. NO.		
IX. I		N OF HAZARDO		AL PARENCE							
Place	a an to the roug	erea of this form and	provide the requested in	tormation							

	12 14 15										
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)											
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.											
1 2 3 4 5 6											
	T. 95 6										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
7 8 9 10 11 12	2										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26											
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.											
13 14 15 16 17 18	DIVIDES I										
	T										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
19 20 21 22 23 24	alter topics										
	S (20)										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
25 26 27 28 29 30	346.35										
	- May (3)										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.											
31 32 33 34 35 36											
	L. LINE										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
37 38 39 40 41 42											
	S S SHOPEN										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
43 44 45 46 47 48	MA COLUMN										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26 23 -	26										
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.											
49 50 51 52 53 54	DIE WISTER										
23 - 26 23 - 26 23 - 26 23 - 26 23 - 26	26										
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 – 261.24.)											
[D001] (D002) [D003] (D000) [D000]	c										
X. CERTIFICATION)										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.											
SIGNATURE . NAME & OFFICIAL TITLE (type or print) DATE SIG	NED										
O 1 / 1 LEWS M. SMITH 1	MAN N. D.										
taiself fath harr Sacre Surcene 9-10	-89										

I.D. - FOR OFFICIAL USE ONLY

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